

To standardize the pH meter, select two *Buffer Solutions for Standardization* whose difference in pH does not exceed 4 units and such that the expected pH of the material under test falls between them. Fill the cell with one of the *Buffer Solutions for Standardization* at the temperature at which the test material is to be measured. Set the “temperature” control at the temperature of the solution, and adjust the calibration control to make the observed pH value identical with that tabulated. Rinse the electrodes and cell with several portions of the second *Buffer Solution for Standardization*, then fill the cell with it, at the same temperature as the material to be measured. The pH of the second buffer solution is within  $\pm 0.07$  pH unit of the tabulated value. If a larger deviation is noted, examine the electrodes and, if they are faulty, replace them. Adjust the “slope” or “temperature” control to make the observed pH value identical with that tabulated. Repeat the standardization until both *Buffer Solutions for Standardization* give observed pH values within 0.02 pH unit of the tabulated value without further adjustment of the controls. When the system is functioning satisfactorily, rinse the electrodes and cell several times with a few portions of the test material, fill the cell with the test material, and read the pH value. Use carbon dioxide-free water (see *Water* in the section *Reagents, Indicators, and Solutions*) for solution or dilution of test material in pH determinations. In all pH measurements, allow a sufficient time for stabilization.

Where approximate pH values suffice, indicators and test papers (see *Indicators and Indicator Test Papers*, in the section *Reagents, Indicators, and Solutions*) may be suitable.

For a discussion of buffers, and for the composition of standard buffer solutions called for in compendial tests and assays, see *Buffer Solutions* in the section *Reagents, Indicators, and Solutions*.

## <795> PHARMACEUTICAL COMPOUNDING—NONSTERILE PREPARATIONS

### INTRODUCTION

The purpose of this chapter is to provide compounders with guidance on applying good compounding practices for the preparation of nonsterile compounded formulations for dispensing and/or administration to humans or animals. Compounding is an integral part of pharmacy practice and is essential to the provision of healthcare. This chapter and applicable monographs on formulation help define good compounding practices. Furthermore, this chapter provides general information to enhance the compounder's ability in the compounding facility to extemporaneously compound preparations that are of acceptable strength, quality, and purity. Pharmacists, other healthcare professionals, and others engaged in the compounding of drug preparations should comply with applicable state and federal compounding laws, regulations, and guidelines.

### DEFINITIONS

**ACTIVE PHARMACEUTICAL INGREDIENT (API)**—Any substance or mixture of substances intended to be used in the compounding of a drug preparation, thereby becoming the active ingredient in that preparation and furnishing pharmaco-

logical activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans and animals or affecting the structure and function of the body.

**ADDED SUBSTANCES**—Ingredients that are necessary to compound a preparation but are not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with the terms *inactive ingredients*, *excipients*, and *pharmaceutical ingredients*.

**BEYOND-USE DATE (BUD)**—The date after which a compounded preparation should not to be used; determined from the date the preparation is compounded.

**COMPONENT**—Any ingredient used in the compounding of a drug preparation, including any active ingredient or added substance that is used in its preparation.

**COMPOUNDER**—A professional authorized by the appropriate jurisdiction to perform compounding pursuant to a prescription or medication order by a licensed prescriber.

**COMPOUNDING**—The preparation, mixing, assembling, altering, packaging, and labeling of a drug, drug-delivery device, or device in accordance with a licensed practitioner's prescription, medication order, or initiative based on the practitioner/patient/pharmacist/compounder relationship in the course of professional practice. Compounding includes the following:

- Preparation of drug dosage forms for both human and animal patients
- Preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns
- Reconstitution or manipulation of commercial products that may require the addition of one or more ingredients
- Preparation of drugs or devices for the purposes of, or as an incident to, research (clinical or academic), teaching, or chemical analysis
- Preparation of drugs and devices for prescriber's office use where permitted by federal and state law

**HAZARDOUS DRUG**—Any drug identified by at least one of the following six criteria:

- Carcinogenicity
- Teratogenicity or developmental toxicity
- Reproductive toxicity in humans
- Organ toxicity at low doses in humans or animals
- Genotoxicity
- New drugs that mimic existing hazardous drugs in structure or toxicity [for examples see current National Institute for Occupational Safety and Health (NIOSH) publications]

**MANUFACTURING**—The production, propagation, conversion, or processing of a drug or device, either directly or indirectly, by extraction of the drug from substances of natural origin or by means of chemical or biological synthesis. Manufacturing may also include any packaging or repackaging of the substance(s) or labeling or relabeling of containers for resale by pharmacies, practitioners, or other persons.

**PREPARATION**—For the purposes of this chapter, a compounded drug dosage form or dietary supplement or a device to which a compounder has introduced a drug. This term will be used to describe compounded formulations; the term *product* will be used to describe manufactured pharmaceutical dosage forms. (For the definitions of *official substance* and *official products*, see *General Notices and Requirements*.)

**STABILITY**—The extent to which a preparation retains, within specified limits and throughout its period of storage and use, the same properties and characteristics that it possessed at the time of compounding (see *Stability Considerations in Dispensing Practice* <1191>, the table *Criteria for Acceptable Levels of Stability*)

**VEHICLE**—A component for internal or external use that is used as a carrier or diluent in which liquids, semisolids, or solids are dissolved or suspended. Examples include, but are not limited to, water, syrups, elixirs, oleaginous liquids, solid and semisolid carriers, and proprietary products.

## CATEGORIES OF COMPOUNDING

In the three general categories of nonsterile compounding described in this section, different levels of experience, training, and physical facilities are associated with each category.

Criteria used to determine overall classification include:

- degree of difficulty or complexity of the compounding process
- stability information and warnings
- packaging and storage requirements
- dosage forms
- complexity of calculations
- local versus systemic biological disposition
- level of risk to the compounder
- potential for risk of harm to the patient

See *Pharmaceutical Compounding—Sterile Preparations* (797) for risk levels associated with sterile preparations. Specialty areas such as radiopharmaceuticals require special training and are beyond the scope of this chapter. Compounders shall acquire and maintain knowledge and skills in all areas (e.g., dosage form, patient population, and medical specialty) for which they compound.

### Description of Categories

**Simple**—Making a preparation that has a *United States Pharmacopeia* (USP) compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate BUDs; or reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. Examples include *Captopril Oral Solution*, *Indomethacin Topical Gel*, and *Potassium Bromide Oral Solution, Veterinary*.

**Moderate**—Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units; or making a preparation for which stability data for that specific formulation are not available. Examples include *Morphine Sulfate Suppositories*, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.

**Complex**—Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.

## RESPONSIBILITIES OF THE COMPOUNDER

The compounder is responsible for compounding preparations of acceptable strength, quality, and purity and in accordance with the prescription or medication order. The compounder is also responsible for dispensing the finished preparation, with appropriate packaging and labeling, and in compliance with the requirements established by the applicable state agencies, state boards of pharmacy, federal law, and other regulatory agencies where appropriate. Individuals who are engaged in drug or dietary supplement compounding shall be proficient in compounding and should continually expand their compounding knowledge by participating in seminars and/or studying appropriate literature. They shall be knowledgeable about the contents

of this chapter and should be familiar with *Pharmaceutical Compounding—Sterile Preparations* (797), *Pharmaceutical Dosage Forms* (1151), *Pharmaceutical Calculations in Prescription Compounding* (1160), *Quality Assurance in Pharmaceutical Compounding* (1163), *Prescription Balances and Volumetric Apparatus* (1176), *Stability Considerations in a Dispensing Practice* (1191), *Written Prescription Drug Information—Guidelines* (1265), and all applicable compounding laws, guidelines, and standards.

To ensure the quality of compounded preparations, compounders shall adhere to the following general principles (additional information on these general principles is provided in the sections that follow).

### General Principles of Compounding

1. Personnel are appropriately trained and are capable of performing and qualified to perform their assigned duties. Such training should be documented.
2. Compounding ingredients of the appropriate identity, purity, and quality are purchased from reliable sources and are properly stored according to manufacturer specifications or USP standards.
3. Bulk component containers are labeled with appropriate Occupational Safety and Health Administration (OSHA) hazard communication labels (see OSHA.gov), and Material Safety Data Sheets (MSDSs) are available to compounding personnel for all drugs and chemicals used in compounding.
4. All equipment used in compounding is clean, properly maintained, and used appropriately.
5. The compounding environment is suitable for its intended purpose; and procedures are implemented to prevent cross-contamination, especially when compounding with drugs (e.g., hazardous drugs and known allergens like penicillin) that require special precautions.
6. Only authorized personnel are allowed in the immediate vicinity of the drug compounding operations.
7. There is assurance that processes are always carried out as intended or specified and are reproducible.
8. Compounding conditions and procedures are adequate for preventing errors.
9. All aspects of compounding are appropriately documented.
10. Adequate procedures and records exist for investigating and correcting failures or problems in compounding, testing, or the preparation itself.

## COMPOUNDING PROCESS

The compounder is responsible for ensuring that each individual incidence of compounding meets the criteria given in this section (additional information on these criteria is provided in the sections that follow).

### Criteria When Compounding Each Drug Preparation

1. The dose, safety, and intended use of the preparation or device has been evaluated for suitability in terms of:
  - the chemical and physical properties of the components
  - dosage form
  - therapeutic appropriateness and route of administration, including local and systemic biological disposition
  - legal limitations, if any
2. A Master Formulation Record should be created before compounding a preparation for the first time. This record shall be followed each time that preparation is made. In addition, a Compounding Record

should be completed each time a preparation is compounded.

3. Ingredients used in the formulation have their expected identity, quality, and purity. If the formulation is for humans, ingredients are not on a list of federally recognized drugs or specific drug products that have been withdrawn or removed from the market for safety or efficacy reasons (see [www.FDA.gov](http://www.FDA.gov)). If the formulation is for food-producing animals, ingredients are not on a list of components prohibited for use in food-producing animals. Certificates of Analysis, when applicable, and MSDSs have been consulted for all ingredients used.
4. Compounding is done in an appropriately clean and sanitized area dedicated to this activity (see the section *Compounding Facilities*).
5. Only one preparation is compounded at one time in a specific workspace.
6. Appropriate compounding equipment has been selected and inspected for cleanliness and correct functioning and is properly used.
7. A reliable BUD is established to ensure that the finished preparation has its accepted potency, purity, quality, and characteristics, at least until the labeled BUD.
8. Personnel engaged in compounding maintain good hand hygiene and wear clean clothing appropriate to the type of compounding performed (e.g., hair bonnets, coats, gowns, gloves, facemasks, shoes, aprons, or other items) as needed for protection of personnel from chemical exposures and for prevention of drug contamination.
9. The preparation is made in accordance with this chapter, other official standards referenced in this chapter, and relevant scientific data and information.
10. Critical processes (including but not limited to weighing, measuring, and mixing) are verified by the compounder to ensure that procedures, when used, will consistently result in the expected qualities in the finished preparation.
11. The final preparation is assessed using factors such as weight, adequacy of mixing, clarity, odor, color, consistency, pH, and analytical testing as appropriate; and this information is recorded on the Compounding Record (see Chapter (1163)).
12. The preparation is packaged as recommended in the *Packaging and Drug Preparation Containers* section of this chapter.
13. The preparation container is labeled according to all applicable state and federal laws. The labeling shall include the BUD and storage and handling information. The labeling should indicate that "this is a compounded preparation."
14. The Master Formulation Record and the Compounding Record have been reviewed by the compounder to ensure that errors have not occurred in the compounding process and that the preparation is suitable for use.
15. The preparation is delivered to the patient or caregiver with the appropriate consultation.

## COMPOUNDING FACILITIES

Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions. This space shall provide for the orderly placement of equipment and materials to prevent mixups among ingredients, containers, labels, in-process materials, and finished preparations and is designed, arranged, and used to prevent adventitious cross-contamination. Areas used for sterile preparations shall be separated and distinct from the nonsterile compounding area (see Chapter (797), *Environmental Quality and Control*).

Potable water shall be supplied for hand and equipment washing. This water meets the standards prescribed in the Environmental Protection Agency's National Primary Drinking Water Regulations (40 CFR Part 141). *Purified Water* (see *Purified Water* monograph) shall be used for compounding nonsterile drug preparations when formulations indicate the inclusion of water. *Purified Water* should be used for rinsing equipment and utensils. In those cases when a water is used to prepare a sterile preparation, follow the appropriate monographs and general chapters (see *Water for Pharmaceutical Purposes* (1231)).

The plumbing system shall be free of defects that could contribute to contamination of any compounded preparation. Adequate hand and equipment washing facilities shall be easily accessible to the compounding areas. Such facilities shall include, but are not limited to, hot and cold water, soap or detergent, and an air-drier or single-use towels. The areas used for compounding shall be maintained in clean, orderly, and sanitary conditions and shall be maintained in a good state of repair. Waste shall be held and disposed of in a sanitary and timely manner and in accordance with local, state, and federal guidelines.

The entire compounding and storage area should be well lighted. Heating, ventilation, and air conditioning systems shall be controlled to avoid decomposition and contamination of chemicals (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Storage Temperature and Humidity*; and the manufacturers' labeled storage conditions). Appropriate temperature and humidity monitoring should be maintained as required for certain components and compounded dosage forms. All components, equipment, and containers shall be stored off the floor and in a manner to prevent contamination and permit inspection and cleaning of the compounding and storage area.

Hazardous drugs shall be stored, prepared, and handled by appropriately trained personnel under conditions that protect the healthcare workers and other personnel. The following are references for the safe handling of antineoplastic and hazardous drugs in healthcare settings:

- OSHA Technical Manual—Section VI: Chapter 2, *Controlling Occupational Exposure to Hazardous Drugs*
- NIOSH Alert: *Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs in Health Care Settings* (DHHS (NIOSH) Publication No. 2004-165) and updates.

Disposal of all hazardous drug wastes shall comply with all applicable federal and state regulations. All personnel who perform routine custodial waste removal and cleaning activities in storage and preparation areas for hazardous drugs shall be trained in appropriate procedures to protect themselves and prevent contamination.

## COMPOUNDING EQUIPMENT

The equipment and utensils used for compounding of a drug preparation shall be of appropriate design and capacity. The equipment shall be of suitable composition that the surfaces that contact components are neither reactive, additive, nor sorptive and therefore will not affect or alter the purity of the compounded preparations. The types and sizes of equipment depend on the dosage forms and the quantities compounded (see Chapter (1176) and equipment manufacturers' instruction manuals).

Equipment shall be stored to protect it from contamination and shall be located to facilitate its use, maintenance, and cleaning. Automated, mechanical, electronic, and other types of equipment used in compounding or testing of compounded preparations shall be routinely inspected, calibrated as necessary, and checked to ensure proper performance. Immediately before compounding operations, the equipment shall be inspected by the compounder to determine its suitability for use. After use, the equipment shall be appropriately cleaned.

Extra care should be used when cleaning equipment used in compounding preparations that require special precaution (e.g., antibiotics and cytotoxic and other hazardous materials). When possible, special equipment should be dedicated for such use, or when the same equipment is being used for all drug products, appropriate procedures shall be in place to allow meticulous cleaning of equipment before use with other drugs. If possible, disposable equipment should be used to reduce chances of bioburden and cross-contamination.

## COMPONENT SELECTION, HANDLING, AND STORAGE

The following guidelines shall be followed when selecting, handling, and storing components for compounded preparations.

1. A *United States Pharmacopeia (USP)*, *National Formulary (NF)*, or *Food Chemicals Codex (FCC)* substance is the recommended source of ingredients for compounding all preparations.
2. Compounders shall first attempt to use components manufactured in an FDA-registered facility. When components cannot be obtained from an FDA-registered facility, compounders shall use their professional judgment in selecting an acceptable and reliable source and shall establish purity and safety by reasonable means, which should include Certificate of Analysis, manufacturer reputation, and reliability of source.
3. Official compounded preparations are prepared from ingredients that meet requirements of the compendial monograph for those individual ingredients for which monographs are provided. These preparations may be labeled *USP* or *NF* as appropriate.
4. When components of compendial quality are not obtainable, components of high quality such as those that are chemically pure, analytical reagent grade, or American Chemical Society-certified may be used. However, these components should be used cautiously because the standards for analytical reagents or American Chemical Society-grade materials do not consider whether any impurity present raises human or animal safety concerns.
5. For components in containers that have an expiration date from the manufacturer or distributor, the material may be used in compounding before that expiration date (a) when the material is stored in its original container under conditions to avoid decomposition of the chemicals (see Chapter (1191) and (659) *Packaging and Storage Requirements*, unless other conditions are noted on the label), (b) when there is minimal exposure of the remaining material each time material is withdrawn from the container, and (c) when any withdrawals from the container are performed by those trained in the proper handling of the material. If the component has been transferred to a different container, that container shall be identified with the component name, original supplier, lot or control number, transfer date, and expiration date and shall provide integrity that is equivalent to or better than that of the original container.
6. For components that do not have expiration dates assigned by the manufacturer or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed three years after receipt, to the component (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Labeling, Expiration Date and Beyond-Use Date*) based on the nature of the component and its degradation mechanism, the container in which it is packaged, and the storage conditions.
7. If a manufactured drug product is used as the source of active ingredient, the drug product shall be manufactured in an FDA-registered facility, and the manufacturer's product container shall be labeled with a batch control number and expiration date. When compounding with manufactured drug products, the compounder shall consider all ingredients, including excipients, present in the drug product relative to the intended use of the compounded preparation and the effect of manipulating the drug product on the therapeutic appropriateness and stability of the components.
8. If the preparation is intended for use as a dietary or nutritional supplement, then the compounder must adhere to this chapter and must also comply with any federal and state requirements. Generally, dietary supplements are prepared from ingredients that meet *USP*, *FCC*, or *NF* standards. Where such standards do not exist, substances may be used in dietary supplements if they have been shown to have acceptable food-grade quality using other suitable procedures.
9. When a component is derived from ruminant animals (e.g., bovine, caprine, ovine), the supplier shall provide written assurance that the component is in compliance with all federal laws governing processing, use, and importation requirements for these materials.
10. When compounding for humans, the compounder should consult the list of components that have been withdrawn or removed from the market for safety or efficacy reasons by FDA (see [www.FDA.gov](http://www.FDA.gov)). When compounding for food-producing animals, the compounder should consult the list of components prohibited for use in food-producing animals.
11. All components used in the compounding of preparations must be stored as directed by the manufacturer, or according to *USP*, *NF*, or *FCC* monograph requirements, in a clean area, and under appropriate temperature and humidity conditions (controlled room temperature, refrigerator, or freezer). All components shall be stored off the floor, handled and stored to prevent contamination, and rotated so that the oldest stock is used first. All containers shall be properly labeled.

## STABILITY CRITERIA AND BEYOND-USE DATING

The BUD is the date after which a compounded preparation shall not be used and is determined from the date when the preparation is compounded. Because compounded preparations are intended for administration immediately or following short-term storage, their BUDs are assigned on the basis of criteria different from those applied to assigning expiration dates to manufactured drug products.

BUDs should be assigned conservatively. When assigning a BUD, compounders shall consult and apply drug-specific and general stability documentation and literature when available and should consider:

- the nature of the drug and its degradation mechanism
- the dosage form and its components
- the potential for microbial proliferation in the preparation
- the container in which it is packaged
- the expected storage conditions
- the intended duration of therapy (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Labeling, Expiration Date and Beyond-Use Date*).

When a manufactured product is used as the source of the API for a nonsterile compounded preparation, the product expiration date cannot be used solely to assign a BUD for the compounded preparation. Instead, the compounder

shall refer to the manufacturer for stability information and to the literature for applicable information on stability, compatibility, and degradation of ingredients; shall consider stability factors in Chapter (1191); and shall use his or her compounding education and experience. All stability data shall be carefully interpreted in relation to the actual compounded formulation.

At all steps in the compounding, dispensing, and storage process, the compounder shall observe the compounded drug preparation for signs of instability. For more specific details of some of the common physical signs of deterioration (see Chapter (1191), *Observing Products for Evidence of Instability*). However, excessive chemical degradation and other drug concentration loss due to reactions may be invisible more often than visible.

### General Guidelines for Assigning Beyond-Use Dates

In the absence of stability information that is applicable to a specific drug and preparation, the following table presents maximum BUDs recommended for (1) nonsterile compounded drug preparations that are packaged in tight, light-resistant containers and stored at controlled room temperature, unless otherwise indicated; and for (2) sterile preparations for which a program of sterility testing is in place (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling*). Drugs or chemicals known to be labile to decomposition will require shorter BUDs.

BUD by Type of Formulation <sup>a</sup>
<b>For Nonaqueous Formulations</b> —The BUD is not later than the time remaining until the earliest expiration date of any API or 6 months, whichever is earlier.
<b>For Water-Containing Oral Formulations</b> —The BUD is not later than 14 days when stored at controlled cold temperatures.
<b>For Water-Containing Topical/Dermal and Mucosal Liquid and Semisolid Formulations</b> —The BUD is not later than 30 days.

<sup>a</sup> These maximum BUDs are recommended for nonsterile compounded drug preparations in the absence of stability information that is applicable to a specific drug or preparation. The BUD shall not be later than the expiration date on the container of any component.

Susceptible preparations should contain suitable antimicrobial agents to protect against bacteria, yeast, and mold contamination inadvertently introduced during or after the compounding process. When antimicrobial preservatives are contraindicated in such compounded preparations, storage of the preparation at controlled cold temperature is necessary; to ensure proper storage and handling of such compounded preparations by the patient or caregiver, appropriate patient instruction and consultation is essential. Antimicrobial preservatives should not be used as a substitute for good compounding practices.

For information on assigning BUDs when repackaging drug products for dispensing or administration, see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Labeling, Expiration Date and Beyond-Use Date, and Packaging and Repackaging—Single-Unit Containers* (1136).

Assurance of sterility in a compounded sterile preparation is mandatory. Compounding and packaging of sterile drugs (including ophthalmic preparations) requires strict adherence to guidelines presented in Chapter (797) and in the manufacturers' labeling instructions.

## PACKAGING AND DRUG PREPARATION CONTAINERS

The compounder shall ensure that the containers and container closures used in packaging compounded preparations meet USP requirements (see (659) *Packaging and Storage Requirements; Containers—Glass* (660); *Containers—Plastics* (661); *Containers—Performance Testing* (671); Chapter (1136)); and when available, compounding monographs. Compounders are not expected to perform the tests described in these chapters but should be knowledgeable about the standards described in them. Container suppliers shall supply, upon request, verification of USP container compliance. Containers and container closures intended for the compounding of sterile preparations must be handled as described in Chapter (797).

The containers and closures shall be made of suitable clean material in order not to alter the quality, strength, or purity of the compounded drug preparation. The container used depends on the physical and chemical properties of the compounded preparation. Container–drug interaction should be considered for substances that have sorptive or leaching properties.

The containers and closures shall be stored off the floor, handled and stored to prevent contamination, and rotated so that the oldest stock is used first. The containers and container closures shall be stored in such a way as to permit inspection and cleaning of the storage area.

## COMPOUNDING DOCUMENTATION

Documentation, written or electronic, enables a compounder, whenever necessary, to systematically trace, evaluate, and replicate the steps included throughout the preparation process of a compounded preparation. All compounders who dispense prescriptions must comply with the record-keeping requirements of their state boards of pharmacy. When the compounder compounds a preparation according to the manufacturer's labeling instructions, then further documentation is not required. All other compounded preparations require further documentation as described in this section.

These records should be retained for the same period of time that is required for any prescription under state law. The record may be a copy of the prescription in written or machine-readable form and should include a Master Formulation Record and a Compounding Record.

### Master Formulation Record

This record shall include:

- official or assigned name, strength, and dosage form of the preparation
- calculations needed to determine and verify quantities of components and doses of active pharmaceutical ingredients
- description of all ingredients and their quantities
- compatibility and stability information, including references when available
- equipment needed to prepare the preparation, when appropriate
- mixing instructions that should include:
  1. order of mixing
  2. mixing temperatures or other environmental controls
  3. duration of mixing
  4. other factors pertinent to the replication of the preparation as compounded
- sample labeling information, which shall contain, in addition to legally required information:
  1. generic name and quantity or concentration of each active ingredient
  2. assigned BUD

3. storage conditions
  4. prescription or control number, whichever is applicable
- container used in dispensing
  - packaging and storage requirements
  - description of final preparation
  - quality control procedures and expected results

### Compounding Record

The Compounding Record shall contain:

- official or assigned name, strength, and dosage of the preparation
- Master Formulation Record reference for the preparation
- names and quantities of all components
- sources, lot numbers, and expiration dates of components
- total quantity compounded
- name of the person who prepared the preparation, name of the person who performed the quality control procedures, and name of the compounder who approved the preparation
- date of preparation
- assigned control or prescription number
- assigned BUD
- duplicate label as described in the Master Formulation Record
- description of final preparation
- results of quality control procedures (e.g., weight range of filled capsules, pH of aqueous liquids)
- documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver

### Standard Operating Procedures

All significant procedures performed in the compounding area should be covered by written standard operating procedures (SOPs). Procedures should be developed for the facility, equipment, personnel, preparation, packaging, and storage of compounded preparations to ensure accountability, accuracy, quality, safety, and uniformity in compounding. Implementing SOPs establishes procedural consistency and also provides a reference for orientation and training of personnel.

### Material Safety Data Sheets File

MSDSs shall be readily accessible to all employees working with drug substances or bulk chemicals located on the compounding facility premises. Employees should be instructed on how to retrieve and interpret needed information.

### QUALITY CONTROL

The safety, quality, and performance of compounded preparations depend on correct ingredients and calculations, accurate and precise measurements, appropriate formulation conditions and procedures, and prudent pharmaceutical judgment. As a final check, the compounder shall review each procedure in the compounding process. To ensure accuracy and completeness, the compounder shall observe the finished preparation to ensure that it appears as expected and shall investigate any discrepancies and take appropriate corrective action before the prescription is dispensed to the patient.

### Compounding Controls

1. The Master Formulation Record, the Compounding Record, and associated written procedures shall be followed in execution of the compounding process. Any deviation in procedures shall be documented.
2. The compounder shall check and recheck each procedure at each stage of the process. If possible, a trained second person should verify each critical step in the compounding process.
3. The compounder shall have established written procedures that describe the tests or examinations conducted on the compounded preparation (e.g., the degree of weight variation among capsules) to ensure their uniformity and integrity.
4. Appropriate control procedures shall be established to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations.
5. For further guidance on recommended quality control procedures, see Chapter (1163).

### PATIENT COUNSELING

At the time of dispensing the prescription, the patient or the patient's agent shall be counseled about proper use, storage, handling, and disposal of the compounded preparation. The patient or the patient's agent shall also be instructed to report any adverse event and to observe and report to the compounder any changes in the physical characteristics of the compounded preparation (see Chapter (1191), *Responsibility of the Pharmacist*). The compounder shall investigate and document any reported problem with a compounded preparation and shall take corrective action.

### TRAINING

All personnel involved in the compounding, evaluation, packaging, and dispensing of compounded preparations shall be properly trained for the type of compounding conducted. It is the responsibility of the compounder to ensure that a training program has been implemented and that it is ongoing. Compounding personnel should be evaluated at least annually. Steps in the training procedure include the following:

- All employees involved in pharmaceutical compounding shall read and become familiar with this chapter. They should also be familiar with the contents of the *USP Pharmacists' Pharmacopeia* and other relevant publications, including how to read and interpret MSDSs.
- All employees shall read and become familiar with each of the procedures related to compounding, including those involving the facility, equipment, personnel, actual compounding, evaluation, packaging, storage, and dispensing.
- All personnel who compound hazardous drugs shall be fully trained in the storage, handling, and disposal of these drugs. This training shall occur before preparing or handling hazardous drugs. For information on training for personnel who compound hazardous drugs, see the references in *Compounding Facilities* earlier in this chapter.
- All training activities shall be documented. The compounder shall meet with employees to review their work and answer any questions the employees may have concerning compounding procedures.
- The compounder shall demonstrate the procedures for the employee and shall observe and guide the employee throughout the training process. The employee will then repeat the procedure without any

assistance from, but under the direct supervision of, the compounder.

- When the employee has demonstrated to the compounder a verbal and functional knowledge of the procedure, then and only then will the employee be permitted to perform the procedure without direct supervision. However, the compounder should be physically present and shall approve all ingredients and their quantities and the final preparation.
- When the compounder is satisfied with the employee's knowledge and proficiency, the compounder will sign the documentation records to show that the employee was appropriately trained.
- The compounder shall continually monitor the work of the employee and ensure that the employee's calculations and work are accurate and adequately performed.
- The compounder is solely responsible for the finished preparation.

### COMPOUNDING FOR ANIMAL PATIENTS

A compounder's responsibility for providing patients with high-quality compounded preparations extends beyond the human species. All portions of this chapter apply to compounded preparations formulated for animal patients. Intended use of any animal patient (e.g., companion, performance, food) shall be determined before compounding for that patient.

Because humans can consume animal patients as food, care must be taken to prevent drug residues from entering the human food chain when compounded preparations are used in animal patients. For this reason, all compounders preparing formulations for animals shall possess a functional knowledge of drug regulation and disposition in animal patients. Veterinarians are required by law to provide food-producing animal caregivers with an accurate length of time to withhold treated animal tissues (e.g., meat, milk, eggs) from the human food supply. This length of time is referred to as a withdrawal time (WDT) and must also, by law, be included on the dispensing label of every prescription prepared for a food-producing species.

Drug use in any performance animal is strictly regulated by federal and state governments, in addition to the governing bodies of each of the specific disciplines. Penalties for violation of these rules may be severe for all contributing to the violation, including the veterinarian, pharmacist, and caregiver.

The pharmacist shall be knowledgeable about the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used in compounded preparations. For this reason, compounders making preparations for animals should use, when possible, formulations specifically developed for animal patients. If such formulations are not available, the compounder shall conduct a literature review to determine whether a specific component of the formula is toxic to the target species. Extrapolating compounding formulations intended for use in humans may not be appropriate for animal species and may contribute to negative outcomes.

Veterinarians and pharmacists making preparations for animal patients should be familiar with all state and federal regulations regarding drug use in animals, including but not limited to the Food, Drug, and Cosmetic Act; the Animal Drug Amendment; the Animal Medicinal Drug Use Clarifica-

tion Act; and FDA's Compliance Policy Guideline for Compounding of Drugs for Use in Animal Patients.

## 〈797〉 PHARMACEUTICAL COMPOUNDING—STERILE PREPARATIONS

### INTRODUCTION

The objective of this chapter is to describe conditions and practices to prevent harm, including death, to patients that could result from (1) microbial contamination (nonsterility), (2) excessive bacterial endotoxins, (3) variability in the intended strength of correct ingredients that exceeds either monograph limits for official articles (see "official" and "article" in the *General Notices and Requirements*) or 10% for nonofficial articles, (4) unintended chemical and physical contaminants, and (5) ingredients of inappropriate quality in compounded sterile preparations (CSPs). Contaminated CSPs are potentially most hazardous to patients when administered into body cavities, central nervous and vascular systems, eyes, and joints, and when used as baths for live organs and tissues. When CSPs contain excessive bacterial endotoxins (see *Bacterial Endotoxins Test* 〈85〉), they are potentially most hazardous to patients when administered into the central nervous system.

Despite the extensive attention in this chapter to the provision, maintenance, and evaluation of air quality, the avoidance of direct or physical contact contamination is paramount. It is generally acknowledged that direct or physical contact of critical sites of CSPs with contaminants, especially microbial sources, poses the greatest probability of risk to patients. Therefore, compounding personnel must be meticulously conscientious in precluding contact contamination of CSPs both within and outside ISO Class 5 (see *Table 1*) areas.

To achieve the above five conditions and practices, this chapter provides minimum practice and quality standards for CSPs of drugs and nutrients based on current scientific information and best sterile compounding practices. The use of technologies, techniques, materials, and procedures other than those described in this chapter is not prohibited so long as they have been proven to be equivalent or superior with statistical significance to those described herein. The standards in this chapter do not pertain to the *clinical administration* of CSPs to patients via application, implantation, infusion, inhalation, injection, insertion, instillation, and irrigation, which are the routes of administration. Four specific categories of CSPs are described in this chapter: low-risk level, medium-risk level, and high-risk level, and immediate use. Sterile compounding differs from nonsterile compounding (see *Pharmaceutical Compounding—Nonsterile Preparations* 〈795〉 and *Good Compounding Practices* 〈1075〉) primarily by requiring the maintenance of sterility when compounding exclusively with sterile ingredients and components (i.e., with immediate-use CSPs, low-risk level CSPs, and medium-risk level CSPs) and the achievement of sterility when compounding with nonsterile ingredients and components (i.e., with high-risk level CSPs). Some differences between standards for sterile compounding in this chapter and those for nonsterile compounding in *Pharmaceutical Compounding—Nonsterile Preparations* 〈795〉 include, but are not limited to, ISO-classified air environments (see *Table 1*); personnel garbing and gloving; personnel training and testing